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Bib Data Sheet

CONFIRMATION NO. 4824

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|--|---|----------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>09/333,998   | <b>FILING OR 371(c) DATE</b><br>06/16/1999<br><b>RULE</b>   | <b>CLASS</b><br>359              | <b>GROUP ART UNIT</b><br>2873   | <b>ATTORNEY DOCKET NO.</b><br>35.C10698-CI |
| <b>APPLICANTS</b><br>SHOICHI YAMAZAKI, YOKOHAMA-SHI, JAPAN;  |   |                                  |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a DIV of 08/959,285 10/24/1997 PAT 7,262,919 which is a CON of 08/478,688 06/07/1995 ABN  |   |                                  |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>JAPAN 6-130301 06/13/1994<br>JAPAN 6-204268 08/05/1994<br>JAPAN 6-336063 12/22/1994  |   |                                  |   |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b><br><b>** 07/09/1999</b>   |   |                                  |   |  |
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance<br>Verified and Acknowledged <u>                    </u><br>Examiner's Signature Initials |   | <b>STATE OR COUNTRY</b><br>JAPAN | <b>SHEETS DRAWING</b><br>19   | <b>TOTAL CLAIMS</b><br>2426                |
| <b>INDEPENDENT CLAIMS</b><br>6   |   |                                  |   |  |
| <b>ADDRESS</b><br>5514   |   |                                  |   |  |
| <b>TITLE</b><br>HEAD-UP DISPLAY DEVICE WITH CURVED OPTICAL SURFACE HAVING TOTAL REFLECTION   |   |                                  |   |  |
| <b>FILING FEE RECEIVED</b><br>2110   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                  | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |